Fill in this information to identify your case:					
Debtor 1	Tori	AC.1 II. A.1	Scott		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	SOUTHERN DIST	RICT OF TEXAS		
Case number	16-36598-H2-13				
(if known)					

Check if this is an amended filing

Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

I. [	Do you have any executory contra	cts or unexpired	leases?	
[ [			•	hedules. You have nothing else to report on this form. sare listed on Schedule A/B: Property (Official Form 106A/B).
i		ase, cell phone).	•	tract or lease. Then state what each contract or lease s for this form in the instruction booklet for more examples of
	Person or company with whom	you have the co	ntract or lease	State what the contract or lease is for
2.1	Bridgecrest Credit Company	, LLC		2008 Chevrolet Impala LS lease
	Name P.O. Box 29018 Number Street			Contract to be REJECTED
	Phoenix City	AZ State	<b>85038</b> ZIP Code	<del>-</del> -
2.2	Tony Mene Akpata Name 2810 South Main Number Street		_ Residential Lease Contract to be ASSUMED _	
	Stafford	TX State	77477	

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Fill in this inform	mation to identify	y your case:				
Debtor 1	Tori		Scott			
	First Name	Middle Name	Last Name	Che	ck if this is:	
Debtor 2				M	An amended filing	
(Spouse, if filing)	First Name	Middle Name	Last Name	M	7 tr amonada ming	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT OF TEXAS		ㅁ	A supplement showing postpetition chapter 13 income as of the following date	
Case number	16-36598-H2-13				chapter 13 income as of the following date.	
(if known)					MM / DD / YYYY	
Official Form 1	061				, ,	

### Official Form 1061

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: **Describe Employment** Fill in your employment 1. information. Debtor 1 Debtor 2 or non-filing spouse If you have more than one ✓ Employed Employed **Employment status** job, attach a separate page ✓ Not employed with information about Not employed additional employers. Occupation Nurse Include part-time, seasonal, Employer's name West Houston SNF Management, LI or self-employed work. Occupation may include **Employer's address** 1981 Marcus Ave, Suite C129 student or homemaker, if it Number Street Number Street applies. New Hyde Park NY 11042 State Zip Code State Zip Code 2 months How long employed there?

#### Part 2: **Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse \$6,066.67 \$0.00 List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. \$0.00 \$0.00 \$6,066.67 Calculate gross income. Add line 2 + line 3. \$0.00

Debto	or 1 Tori Scott		Case nu	umber (if knowr	n) <b>16-3</b>	6598-H2-13
		F	For Debtor 1	For Debto		
(	Copy line 4 here	4.	<u>\$6,066.67</u>		00.00	
	List all payroll deductions:					
	5a. Tax, Medicare, and Social Security deductions	5a.	\$464.10		0.00	
	5b. Mandatory contributions for retirement plans	5b.	\$0.00		0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$0.00		0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00		00.00	
	5e. Insurance	5e.	\$541.67		00.00	
	5f. Domestic support obligations	5f.	\$0.00		00.00	
	5g. Union dues	5g.	\$0.00	4	0.00	
	5h. Other deductions.  Specify:	_ 5h. <b>+</b>	\$0.00	\$	00.00	
	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .	6.	\$1,005.77		0.00	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	<u>\$5,060.90</u>	\$	0.00	
	List all other income regularly received:					
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00	9	0.00	
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
	8b. Interest and dividends	8b.	\$0.00		0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00		0.00	
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.					
;	8d. Unemployment compensation	8d.	\$0.00		0.00	
	8e. Social Security	8e.	\$0.00		0.00	
;	8f. Other government assistance that you regularly receive					
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program)					
	or housing subsidies.	04	<b>#</b> 0.00			
	Specify:	- 8f.	\$0.00		0.00	
	8g. Pension or retirement income	8g.	\$0.00		0.00	
•	8h. Other monthly income.  Specify:	8h. 🛖	\$0.00	9	0.00	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00	1	\$0.00	
		L				
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$5,060.90	+	= 0.00	<u>\$5,060.90</u>
I	<ol> <li>State all other regular contributions to the expenses that you list in Schedule J.         Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.     </li> </ol>					
I	Do not include any amounts already included in lines 2-10 or amounts the	at are no	t available to pay	expenses liste	ed in Sche	
;	Specify:				11. +	+
i	Add the amount in the last column of line 10 to the amount in line 11 income. Write that amount on the Summary of Your Assets and Liabilitie if it applies.			,	12.	\$5,060.90 Combined monthly income
<b>13.</b>	Do you expect an increase or decrease within the year after you file	this forn	n?			•
	✓ No. None.  Yes. Explain:					

F	ill in this inform	ation to ident	tify your case:		Cha	alı if Alaia	. i.e.	
	Debtor 1	Tori	S	cott	Cne ✓	ck if this	s is: ended filing	
	Dobtor !	First Name		ast Name			lement showing	postpetition
	Debtor 2 (Spouse, if filing)	First Name	Middle Name La	ast Name	_		r 13 expenses as ng date:	s of the
	United States Bankru	uptcy Court for th	e: SOUTHERN DISTRIC	T OF TEXAS		MM / D	D / YYYY	_
	Case number	16-36598-H2-	<u> </u>			IVIIVI / D	וווו / ט	
	(if known)							
0	fficial Form 10	<u>6J</u>						
S	chedule J: Yo	ur Expense	es					12/15
co na	rrect information. If me and case numbe	more space is r	ble. If two married people a needed, attach another shee swer every question.					
			erioiu					
1.	Is this a joint case	97						
	No □ Yes	ebtor 2 live in a	separate household? file Official Form 106J-2, Expe	enses for Separate Housel	nold of	Debtor	2.	
2.	Do you have depered no not list Debtor 1		No     Yes. Fill out this information     for each dependent	Dobtor 1 or Dobtor		o to	Dependent's age	Does dependent live with you?
	Debtor 2.			Son			22	□ No
	Do not state the de names.	pendents'		Daughter			21	Yes No Yes Yes
				Daughter			10	□ No □ Yes
				Daughter			7	No Yes
								□ No □ Yes
3.	Do your expenses expenses of peop yourself and your	le other than	☑ No ☐ Yes					_
	Part 2: Estima	te Your Ongo	oing Monthly Expenses	<b>;</b>				
to	•	of a date after th	nkruptcy filing date unless y e bankruptcy is filed. If this	•		•	•	
			sh government assistance i on Schedule I: Your Income				Your expens	es
4.			penses for your residence. It is any rent for the ground or lo	t.			4	\$1,150.00
	If not included in I	ine 4:						
	4a. Real estate ta	xes					4a	
	4b. Property, hom	eowner's, or rent	er's insurance				4b	
	4c. Home mainter	nance, repair, and	d upkeep expenses				4c	_
	4d. Homeowner's	association or co	ondominium dues				4d.	

Deb	otor 1 Tori Scott	Case number (if known)	16-36598-H2-13
		Your e	xpenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		_
	6a. Electricity, heat, natural gas	6a.	\$200.00
	6b. Water, sewer, garbage collection	6b.	\$100.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$180.00
	6d. Other. Specify: Cablevision and Internet	6d.	\$200.00
7.	Food and housekeeping supplies	7.	\$500.00
8.	Childcare and children's education costs	8.	
9.	Clothing, laundry, and dry cleaning	9.	\$300.00
10.	Personal care products and services	10.	\$150.00
11.	Medical and dental expenses	11	\$350.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12	\$600.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13	\$20.00
14.	Charitable contributions and religious donations	14	
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	
	15b. Health insurance	15b	
	15c. Vehicle insurance	15c	<u>\$198.00</u>
	15d. Other insurance. Specify:	15d.	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	
19.	Other payments you make to support others who do not live with you.  Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a	
	20b. Real estate taxes	20b	
	20c. Property, homeowner's, or renter's insurance	20c	
	20d. Maintenance, repair, and upkeep expenses	20d	
	20e. Homeowner's association or condominium dues	20e.	

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Debtor 1		Tori Sc	ott	Case number (if kno	wn)	) <u>16-36598-H2-13</u>	
21.	Other.	Specify:	See continuation sheet	21.	+_	\$560.00	
22.	Calcul	late your n	nonthly expenses.		_		
	22a.	Add lines 4	through 21.	22a.	-	\$4,508.00	
	22b.	Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.	-	_	
	22c.	Add line 22	2a and 22b. The result is your monthly expenses.	22c.	_	\$4,508.00	
23.	Calcul	late your n	nonthly net income.				
	23a.	Copy line	2 (your combined monthly income) from Schedule I.	23a.	_	\$5,060.90	
	23b.	Copy your	monthly expenses from line 22c above.	23b.		\$4,508.00	
			our monthly expenses from your monthly income. is your monthly net income.	23c.		\$552.90	
24.	Do yo	u expect a	n increase or decrease in your expenses within the year after you	file this form?			
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
		es. Explai					

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Debtor 1		Tori Scott	Case number (if known)	16-36598-H2-13		
21.	Other.	Specify:				
	Schoo	ol Lunches		<u>\$100.00</u>		
	Extra	Curricular Activities		<u>\$400.00</u>		
Haircı		its and Related Expenses		<u>\$60.00</u>		
			Total:	\$560.00		

Fill in this information to identify your case:				
Debtor 1	Tori First Name	Middle Name	Scott Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the	SOUTHERN DIST	RICT OF TEXAS	
Case number (if known)	16-36598-H2-13			

Check if this is an amended filing

## Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT :	an attorney to help you fill out bankruptcy forms?
<b>☑</b> No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read true and correct.	the summary and schedules filed with this declaration and that they are
X /s/ Tori Scott Tori Scott, Debtor 1	X Signature of Debtor 2
Date <u>03/07/2018</u> MM / DD / YYYY	Date MM / DD / YYYY